## **CALIFORNIA FORM**

Candidate

Election Year:

### RECEIVED

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL
RACTICES COMMISSI COVER PAGE FAIR POLITICAL PRACTICES COMMISSION

FEB 2 5 2010

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MARIN COUNTY ELECTIONS

Cal 4/, 2007			ELLO HONO
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
1 Adams	Susan	L.	
MAILING ADDRESS STREET	CITY	STATE :	ZIP CODE OPTIONAL: E-MAIL ADDRESS
(Business Address Acceptable)			
	an jiyo masaasaan nii saba saka saka saka saka saka saka saka	A A	<u> </u>
4 06 - 4		4.0-5-1-1-6	
1. Office, Agency, or Court	^**************************************	4. Schedule S	**************************************
Name of Office, Agency, or Court		► Total number of pages including this cover page:	
Board of Super	VISDYS	including this (	cover hade:
Division, Board, District, if applicable:		► Check applicab interests."	le schedules or "No reportable
Your Position:		I have disclosed attached schedu	interests on one or more of the ides:
District   County S	upervisor	Schedule A-1	Yes – schedule attached
f filing for multiple positions, list additiona		Investments (Less )	
position(s): (Attach a separate sheet if	" [	Schedule A-2	Yes – schedule attached
Agency: See attachr	nent	Investments (10% of	
		Schedule B	Yes - schedule attached
Position:		Real Property	
		Schedule C	Yes – schedule attached
2. Jurisdiction of Office (Check at i	least one box)	income, Loans, &	Business Positions (Income Other than Gifts
		and Travel Payments)	_
Scounty of Marin, Califo	rnia.	Schedule D [ Income – Gifts	Yes – schedule attached
City of			
	******	Schedule E Income - Gifts - T	Yes – schedule attached
Under See attach m	~ <b>L</b>	moone - Gus - 1	raver rayments
Other Other	un		-or-
		No reportable	interests on any schedule
3. Type of Statement (Check at leas	it one box)	www.comming.q.n.n.g.q.n.n.g.	
Assuming Office/Initial Date:/_		5. Verification	
Annual: The period covered is January 1	, 2009,		the second secon
through December 31, 2009.			asonable diligence in preparing this eviewed this statement and to the best
-or-		of my knowledge the	information contained herein and in any
O The period covered is///	_, through	attached schedules	is true and complete.
·		I certify under penal	ty of perjury under the laws of the State
Leaving Office Date Left:// (Check one)	_	of California that ti	ne foregoing is true and correct.
O The period covered is January 1, 2009	, through the		2-25-10
date of leaving office.		Date Signed	X VV /V
<del>-</del>	46		a de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición d
O The period covered is/	, trirough	Signature	

(File the originally signed state

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Susant. Adams

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
County of Marin	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3501-Civic Center Kd #331 San Kateral CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 94903	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
County Supervisor	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR MAINTH MARCHES MARCHES	CONCIDED TION FOR INNION MOONE IN A DECEMBE
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car. boal. etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, hist each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	To some of the state of the sta
Other	Other
(Describe)	(Describe)
	·
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	
You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part
available to members of the public without regard to ye	<del>_</del>
not in a lender's regular course of business must be d	
NAME OF LENDERS	NITEDEST DATE TERM (March Norm)
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
<del>-</del>	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISS	) ()
Susan L. Ada u	15

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

•	
ADDRESS (Business Address Acceptable)  IIDO K St. #IDI Sac, CA 95814  CITY AND STATE  SCI CYOM ENTO, CA  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE(S): Cal, 47 2009 AMT: \$ 187.00	NAME OF SOURCE  Millson, Merksonnen, et.al.  ADDRESS (Business Acceptable)  2350 Kerner Bluel. #250  CITY AND STATE  SCIN Cafeel CA 9490 [ BUSINESS ACTIVITY, FANY, OF SOURCE  COUNTY OCICL STATE LOBBY 15TGY  DATE(S):  (If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Meals at CSAC9 NACO	DESCRIPTION DINNEY WITH COUNTY
events sponsored by corporate	lobbyist at CSAC mtq.
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Glift Income	TYPE OF PAYMENT: (must check one) Gift Income .
DESCRIPTION:	DESCRIPTION:
,	
Comments:	

### California Form 700 for year 2009

## Re: Susan L. Adams, Marin County Board of Supervisors (board member)

### Other Boards and Commissions:

Association of Bay Area Governments (ABAG) (Director)

Area Conservation and Development Commission (BCDC) (Alternate Director)

California State Association of Counties (CSAC) (Director)

Gateway Improvement Authority (Member)

Gateway Refinancing Authority (Member)

Local Agency Formation Commission (LAFCO) (Director)

Marin County Capital Improvements Financing Authority (Member)

Marin County Disaster and Citizen Corps Council (Chair) and Director of EOC

Marin County Flood Control & Water Conservation District (Member)

Marin County Housing Authority (Director)

Marin County Joint Powers Authority Oversight Committee (Alternate member)

Marin County Judicial Committee (Member)

Marin County Major Crimes Task Force (Alternate Member)

Marin County Parks and Open Space (Director)

Marin County Redevelopment Agency (Director)

Marin County Transit District (Director)

Marin Telecommunications Agency (MTA) (Alternate Director)

Mental Health Board (Alternate Director)

Transportation Authority of Marin (TAM) (Director)